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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                                                                                                                                                               |                                    | Application or Docket Number<br><b>10/585,935</b>   |                 | Filing Date<br><b>07/13/2006</b> |     | <input type="checkbox"/> To Be Mailed |                     |                     |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|-----------------|----------------------------------|-----|---------------------------------------|---------------------|---------------------|---------------------|
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                                                                                                                                                                                               |                                    |                                                     |                 | <b>OTHER THAN SMALL ENTITY</b>   |     |                                       |                     |                     |                     |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | (Column 2)                                                                                                                                                                                                                    |                                    | SMALL ENTITY <input checked="" type="checkbox"/> OR |                 | SMALL ENTITY                     |     |                                       |                     |                     |                     |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                  | NUMBER FILED                 | NUMBER EXTRA                                                                                                                                                                                                                  |                                    | RATE (\$)                                           | FEE (\$)        | OR                               |     | RATE (\$)                             | FEE (\$)            |                     |                     |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                  | N/A                          | N/A                                                                                                                                                                                                                           |                                    | N/A                                                 | N/A             |                                  |     | N/A                                   | N/A                 |                     |                     |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                                                 | N/A                          | N/A                                                                                                                                                                                                                           |                                    | N/A                                                 | N/A             |                                  |     | N/A                                   | N/A                 |                     |                     |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(a), (p), or (q))                                                                                                                                                                                                                                                                                                                                                            | N/A                          | N/A                                                                                                                                                                                                                           |                                    | N/A                                                 | N/A             |                                  |     | N/A                                   | N/A                 |                     |                     |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                     |                              | minus 20 = *                                                                                                                                                                                                                  |                                    | X \$ =                                              | N/A             |                                  |     | X \$ =                                | N/A                 |                     |                     |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                               |                              | minus 3 = *                                                                                                                                                                                                                   |                                    | X \$ =                                              | N/A             | X \$ =                           | N/A |                                       |                     |                     |                     |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                    |                              | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                    |                                                     |                 |                                  |     |                                       |                     |                     |                     |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                           |                              |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |     |                                       |                     |                     |                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                            |                              |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |     |                                       |                     |                     |                     |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |     |                                       |                     |                     |                     |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | (Column 2)                                                                                                                                                                                                                    |                                    | (Column 3)                                          |                 | SMALL ENTITY OR                  |     | OTHER THAN SMALL ENTITY               |                     |                     |                     |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>02/25/2010</b>            | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                       | RATE (\$)       | ADDITIONAL FEE (\$)              | OR  |                                       | RATE (\$)           | ADDITIONAL FEE (\$) |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR 1.16(i))       | * 12                                                                                                                                                                                                                          | Minus ** 20                        | = 0                                                 | X \$26 =        | 0                                |     |                                       | X \$ =              | N/A                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent (37 CFR 1.16(h)) | * 2                                                                                                                                                                                                                           | Minus *** 3                        | = 0                                                 | X \$110 =       | 0                                |     |                                       | X \$ =              | N/A                 |                     |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |     |                                       |                     |                     |                     |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |     |                                       |                     |                     |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                                                                                                                                                                               |                                    |                                                     | TOTAL ADD'L FEE | 0                                | OR  |                                       | TOTAL ADD'L FEE     | N/A                 |                     |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | (Column 2)                                                                                                                                                                                                                    |                                    | (Column 3)                                          |                 | RATE (\$)                        |     |                                       | ADDITIONAL FEE (\$) | RATE (\$)           | ADDITIONAL FEE (\$) |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>12/09/2010</b>            | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                       | X \$26 =        | 0                                |     |                                       | X \$ =              | N/A                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR 1.16(i))       | * 12                                                                                                                                                                                                                          | Minus ** 20                        | = 0                                                 | X \$110 =       | 0                                |     |                                       | X \$ =              | N/A                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent (37 CFR 1.16(h)) | * 2                                                                                                                                                                                                                           | Minus *** 3                        | = 0                                                 |                 |                                  |     |                                       |                     |                     |                     |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |     |                                       |                     |                     |                     |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |     |                                       |                     |                     |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                                                                                                                                                                               |                                    |                                                     | TOTAL ADD'L FEE | 0                                | OR  |                                       | TOTAL ADD'L FEE     | N/A                 |                     |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |                              |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |     |                                       |                     |                     |                     |

Legal Instrument Examiner:  
/DORIS m. BURNS/

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.